2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2008 8:00 am
Secretary of State
02-04-2008 90035 046 ***150.00

DOCUMENT # J37893

1. Entity Name

CUSTOM TRANSPORTATION SERVICES, INC.

Principal Place of Business	Mailing Address
4704 PORTOBELLO CIRCLE VALRICO FL 33594	4704 PORTOBELLO CIRCLE VALRICO FL 33594

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4704 Portobello Cir.	4704 Portobello Cir.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Valrico, Fl.	City & State: Valrico, Fl.
Zip: 33596 Country: USA	Zip: 33596 Country: USA

4. FEI Number 59-2728383 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WHITSON, SANDRA J 4704 PORTOBELLO CIRCLE VALRICO FL 33594	Name — Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Sandra J. Whitson 1/26/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when name changes) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WHITSON, SANDRA J 4704 PORTOBELLO CIRCLE VALRICO FL 33594	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sandra J. Whitson (Sandra J. Whitson 1/25/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #